



Commissioner for Patents
Washington, DC 20231
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 4341

| | | | | |
|------------------------------------|---|---------------------|-------------------------------|--|
| SERIAL NUMBER 09/990,511 | FILING DATE 11/21/2001 RULE | CLASS 382 | GROUP ART UNIT 2621 | ATTORNEY DOCKET NO. 8498-052-999 |
|------------------------------------|---|---------------------|-------------------------------|--|

APPLICANTS

Susan A. Wood, Mountain View, CA;
Heidi Zhang, Union City, CA;
Anat Caspi, San Francisco, CA;
Takeshi Doi, Palo Alto, CA;
Harlan M. Romsdahl, Half Moon Bay, CA;

**** CONTINUING DATA *******

This appln claims benefit of 60/314,582 08/24/2001
and claims benefit of 60/252,743 11/22/2000

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED SMALL ENTITY ****
** 02/20/2002

| | | | | | |
|--|-------------------------------|-----------------------------|---------------------------|--------------------------------|--|
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no | STATE OR COUNTRY CA | SHEETS DRAWING 35 | TOTAL CLAIMS 73 | INDEPENDENT CLAIMS 3 | |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | | | | |
| Verified and Acknowledged | Examiner's Signature | Initials | | | |

ADDRESS

24341

TITLE

Graphical user interface for display of anatomical information

FILING FEE RECEIVED
912

FEES: Authority has been given in Paper
No. _____ to charge/credit DEPOSIT ACCOUNT
No. _____ for following:

☐ All Fees☐ 1.16 Fees (Filing)☐ 1.17 Fees (Processing Ext. of time)☐ 1.18 Fees (Issue)☐ Other _____☐ Credit



UNITED STATES PATENT AND TRADEMARK OFFICE

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Harlan M. Romsdahl, Half Moon Bay, CA;

**** CONTINUING DATA *******
THIS APPLICATION IS A CIP OF 09/946,209 09/05/2001 *
AND CLAIMS BENEFIT OF 60/314,582 08/24/2001
AND CLAIMS BENEFIT OF 60/252,743 11/22/2000
(*) Data inconsistent with PTO records.

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED SMALL ENTITY ****
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|-----------------------------------|---|--|
| FILING FEE RECEIVED 912 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees |
| | | <input type="checkbox"/> 1.16 Fees (Filing) |
| | | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |
| | | <input type="checkbox"/> 1.18 Fees (Issue) |
| | | <input type="checkbox"/> Other _____ |
| | | <input type="checkbox"/> Credit |